

V. S. No. 1. MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Anne Arundel 5895STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 21Village or City Croconsville State Hosp. (No. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE obl 5 SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
(Write the word)6 DATE OF BIRTH unknown 835
(Month) (Day) (Year)7 AGE 83 yrs. + mos. + ds. OR 1 day. hrs. OR min. ?
If LESS than8 OCCUPATION
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) unknown

PARENTS	10 NAME OF FATHER	<u>unknown</u>
	11 BIRTHPLACE OF FATHER (State or country)	<u>unknown</u>
	12 MAIDEN NAME OF MOTHER	<u>unknown</u>
	13 BIRTHPLACE OF MOTHER (State or country)	<u>unknown</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) State Records
(Address)15 Filed Apr 29, 1918 Hms Welch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 27th, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1918, to Apr 27, 1918, that I last saw him alive on Apr 27, 1918, and that death occurred on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH * was as follows:

Chronic NephritisContributory
Secondary(Duration) unknown yrs. mos. ds.(Signed) Charles C. Timmon, M.D.
Apr 28, 1918 (Address) Croconsville Ind.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. 5 mos. 5 ds. In the life State, yr. mos. ds.Where was disease contracted, If not at place of death? former residenceFormer or usual residence Ann. Arundel19 PLACE OF BURIAL OR REMOVAL National DATE OF BURIAL April 30th 1918
Brewer Hall20 UNDERTAKER G. A. Adam ADDRESS Annapolis